

www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	10000001		CITY	OR TOWN	MARDLE	IEAD
APPLICATION FOR R	RENEWAL:	Annua	1	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: F	FEN/YANG REST	ΓAURANT, INC	C			
DOING BUSINESS A	FEN YANG HO	USE II				
ADDRESS 00040A AT	TLANTIC AVE.					
CITY/TOWN: MARB	BLEHEAD	STATE:	MA Z	IP CODE:	01945	
MANAGER: CHEN,	ZHI TY	PE OF LICENS	E:Restauran	t (	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	EASE ALSO VISIT OUR W	VEBSITE AND ENTER Y	OUR EMAIL ADD	DRESS		_
DESCRIPTION OF LIC	CENSED PREMI	SES:				
5200 SQ. FT., SINGLE SEPARATE 50 SEAT ( EQUIPPED 1200SQ. F	COCKTAIL LOU	JNGE WITH BA	AR DOUBLE	E FRONT D	OORS, FULL	Y
I hereby certify and swe	ear under penaltie	s of perjury that	:			
1. the renewed	license will be of	the same type f	or the same p	premises no	w licensed;	
2. the licensee	has complied with	h all laws of the	Commonwea	alth relating	to taxes; and	
3. the premises	s are now open for	r business (If no	t explain belo	ow)		
SIGNED BY	Individual, Partne	r or Authorized	Corporate O	fficer		
DATE:	TELEPHON	NE NUMBER:	(		ER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building in	spector and the	e head of the	e fire depar	tment for the	above
Please Check Below:			LOC	CAL LICEN	ISING AUTH	ORITY
APPROVED:	7		By:			
DISAPPROVED:						
(If disapproved explain)	)					
DATE:						



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LICENSE NUMBER: 065600	003	CITY OR TOWN	MARBLEHEAD
APPLICATION FOR RENEV	VAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ZYX L	LC		
DOING BUSINESS A SWEE	ENEY'S RETREAT		
ADDRESS 18 ATLANTIC A	VE.		
CITY/TOWN: MARBLEHE	AD STATE: M	IA ZIP CODE:	01945
MANAGER: SWEENEY, F W.	PHILIP TYPE OF LICENSE:	Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS	
DESCRIPTION OF LICENSI	ED PREMISES:		
IST FLOOR, KITCHEN ANI AND ONE LARGE ROOM 2 FLOOR WHERE ALCOHOL	4X50. NEW ADDITION EN	LARGES RESTAUR-	ANT ON FIRST
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	e will be of the same type for	the same premises now	licensed;
	mplied with all laws of the Co	_	taxes; and
3. the premises are no	ow open for business (If not e	xplain below)	
SIGNED BY Individ	ual, Partner or Authorized Co	orporate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the coof 2010.	building inspector and the h	nead of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:		<del></del>	



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LICENSE NUN	MBER: 065600005		CITY OR TOWN	MARBLEF	HEAD
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: GERRY #5 VETE	ERAN FIREMAN ASS	SOCIATION INC.		
DOING BUSIN	NESS A				
ADDRESS 210	) BEACON ST.				
CITY/TOWN:	MARBLEHEAD	STATE: MA	ZIP CODE:	01945	
MANAGER:	DODGE,ARTHUR TY HOWARD	PE OF LICENSE: Clu	ıb C.	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				]
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
	N OF LICENSED PREMI				
	CK BLDG.,MAIN HALL IS AND PATIO.	"CLUBROOM,KITCI	HEN,THREE BARS	S AND 2	
I hereby certify	and swear under penaltie	es of perjury that:			
1. the 1	renewed license will be of	f the same type for the	same premises now	licensed;	
2. the l	licensee has complied wit	h all laws of the Comr	nonwealth relating t	to taxes; and	
3. the 1	premises are now open for	r business (If not expla	ain below)		
SIGNED BY					
	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:			TION NUMBER:
			(Note: NOT Inc	lividual Social S	security Number)
Acts of 2004, s	signed, attest that we ar signed by the building in e and (2) the certificate o	spector and the head	d of the fire depart	ment for the	above
Please Check Belo	ow:		LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)		-		
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 065600006		CITY OR TOWN	MARBLEHEAD
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: PJ FOODS LI	LC		
DOING BUSI	NESS A HUNGRY F	BETTY'S BAR AND GRI	LL	
ADDRESS BE	ESSOM & PLEASAN	T ST		
CITY/TOWN:	MARBLEHEAD	STATE: MA	ZIP CODE:	01945
MANAGER:	JOHNSON, PATRICIA	TYPE OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
		IS, 8 STOOL BAR. TOTΑ ΓWO RESTROOMS, ON		
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will I	be of the same type for the	e same premises now	licensed;
2. the	licensee has complied	l with all laws of the Com	monwealth relating to	taxes; and
3. the	premises are now ope	en for business (If not expl	lain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004,	signed by the building	re are in possession (1) the ng inspector and the hea ate of liquor liability insu	d of the fire departr	
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	1 explain)			
DATE:				
*				



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LICENSE NUM	MBER: 065600008		CITY OR TOWN	MARBLEH	EAD
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS		•	YEAR
DOING BUSIN	AME: CORINTHIAN NESS A PRINTHIAN LANE	YACHT CLUB			
CITY/TOWN:	MARBLEHEAD	STATE: MA	ZIP CODE:	01945	
MANAGER:	TITUS, DAVID H. T	YPE OF LICENSE:CI	ub C.	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREM	MISES:			
	., FIVE ROOMS, TROI ON SECOND FLOOR NTER				
I hereby certify	and swear under penalt	ies of perjury that:			
1. the 1	renewed license will be	of the same type for the	e same premises now	licensed;	
2. the l	licensee has complied w	vith all laws of the Com	monwealth relating t	to taxes; and	
3. the 1	premises are now open	for business (If not exp	lain below)		
SIGNED BY	Individual Part	ner or Authorized Corp	orate Officer		
	individual, i are	ner of Humorized Corp	orate officer		
DATE:	TEI EPHO	ONE NUMBER:	EMPLOYE	R IDENTIFICATI	ON NUMBER:
	I LLLI IIV	SIVE IVOIVIBER.	(Note: NOT Inc	dividual Social Se	ecurity Number)
Acts of 2004,	signed, attest that we a signed by the building and (2) the certificate	inspector and the hea	d of the fire depart	ment for the	above
Please Check Belo	<u>w:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	ехріаш)				
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED B	Y LICENSEES DURING THE I	MONTH OF NOVEMBER (M	4.G.L. Ch. 138 \$ 16.	A)



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LICENSE NUMBER:	063600009		C	II Y OK	IOWN	MARDLE	1EAD
APPLICATION FOR	RENEWAL:	Anr	nual		LICEN	SED FOR 20	013
		CL	ASS				YEAR
LICENSEE NAME:	BOSTON YAC	CHT CLUB					
DOING BUSINESS A	Λ						
ADDRESS 1 FRONT	ST.						
CITY/TOWN: MAR	BLEHEAD	STATE	MA	ZIP CC	DDE:	01945	
MANAGER: DEVL	IN, PHIL	ΓΥΡΕ OF LICE	NSE:Club		C	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
P	LEASE ALSO VISIT OU	R WEBSITE AND ENT	ER YOUR EMAI	L ADDRESS			_
DESCRIPTION OF L	ICENSED PRE	MISES:					
1ST FLOOR, KITCH RESTROOMS. 2ND	FLOOR, BAR &	& LOUNGE, 15	ROOMS I	NCLUDI	NG MG	T OFFICES,	, PLUS
SLEEPING ACCOM. ENTRANCE IN FRO					I. FOR	18 GUESTS.	
I hereby certify and sv							
•	d license will be	1 0 0		me premi	ses now	licensed;	
2. the license	e has complied v	vith all laws of t	he Commo	nwealth re	elating t	o taxes; and	
3. the premise	es are now open	for business (If	not explain	below)			
SIGNED BY							
	Individual, Part	tner or Authoriz	ed Corpora	te Officer			
DATE:	TELEPH	ONE NUMBER	<b>l</b> :	EM	IPLOYE	R IDENTIFICAT	TION NUMBER:
				(Note:	NOT Inc	lividual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building	inspector and	the head o	f the fire	depart	ment for the	above
Please Check Below:				LOCAL I	LICENS	SING AUTH	ORITY
APPROVED:				By:			
DISAPPROVED:							
(If disapproved explai	n)						
DATE.							
DATE:							



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	065600010		C	ITY OR TOW	'N I	MARBLEF	IEAD
APPLICATION FOR	RENEWAL:	Annu	al	LICI	ENSE	ED FOR 20	013
		CLAS	SS				YEAR
LICENSEE NAME: DOING BUSINESS A	THE LANDING	AD LANDIN	IG, LLC				
ADDRESS 81 FRONT	ST.						
CITY/TOWN: MARI	BLEHEAD	STATE:	MA	ZIP CODE:		01945	
MANAGER: Simone	elli, Robert J TYP	E OF LICEN	SE:Restau	ırant	CAT	TEGORY:	All Alcohol
EMAIL ADDRESS:	-						
	EASE ALSO VISIT OUR WE		YOUR EMAII	ADDRESS			
DESCRIPTION OF LI TWO FLOORS, FIRS' AND OUTSIDE DECI STORAGE, OFFICES	T FLOOR RESTAU K. SECOND FLOO , FOOD PREPERA	JRANT, KITO DR, STORAG TION ROOM	E ROOM IS.				
I hereby certify and sw	-				1:		
	l license will be of the has complied with	• •		-			
	s are now open for b				ig to t	axes, and	
	T		<b>.</b>				
SIGNED BY	Individual, Partner	or Authorized	l Corporat	e Officer			
DATE:	TELEPHONE	E NUMBER:					ION NUMBER: ecurity Number)
We the undersigned, Acts of 2004, signed license and (2 of 2010.	by the building insp	pector and th	ne head of	the fire depa	rtme	ent for the	above
Please Check Below: APPROVED: DISAPPROVED:	]			LOCAL LICE By:	NSIN	NG AUTHO	ORITY
(If disapproved explair	1)						
DATE:							



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LICENSE NUM	MBER: 065600011		CITY OR TOWN	MARBLEHEAD
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN ADDRESS 141		ORATION		
CITY/TOWN:	MARBLEHEAD	STATE: MA	ZIP CODE:	01945
MANAGER:	SAHAGIAN, JAY L. TYPE	E OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS	
1ST FLOOR, D	N OF LICENSED PREMISE DINING AREA, OPEN PAT STORAGE. 2ND FLOOR, ET.	TIO, KITCHEN, 2		
I hereby certify	and swear under penalties o	of perjury that:		
1. the 1	renewed license will be of th	e same type for the	e same premises now	licensed;
	licensee has complied with a		•	o taxes; and
3. the 1	premises are now open for be	usiness (If not expl	ain below)	
SIGNED BY	Individual, Partner o	r Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, s	signed, attest that we are in signed by the building insp and (2) the certificate of li	ector and the hea	d of the fire departi	ment for the above
Please Check Belo APPROVED:	<u>w:</u>		LOCAL LICENS By:	SING AUTHORITY
DISAPPROVE (If disapproved			Бу.	
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED BY LICE	ENSEES DURING THE M	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16A)



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LICENSE NUM	MBER: 065600015		CITY OR TOWN	MARBLEHEAD
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
DOING BUSIN	AME: HEADERS CLUB, I NESS A PLEASANT ST.	NC.		
	MARBLEHEAD	STATE: MA	ZIP CODE:	01945
	ULUTAS, DINCER TYPE			ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS	
2 STORY WO	N OF LICENSED PREMISE OD FRAME BLDG. WITH FROM FIRST AND SECO S.	ATTIC & BASEM		
1. the 1	and swear under penalties of renewed license will be of the licensee has complied with a premises are now open for b	e same type for the	monwealth relating t	
SIGNED BY	Individual, Partner o	r Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004,	signed, attest that we are in signed by the building inspectand (2) the certificate of li	ector and the hea	d of the fire depart	ment for the above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	SING AUTHORITY
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED BY LIC	ENSEES DURING THE M	MONTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: (	065600016		CITY OR TOWN	MARBLEHE	EAD
APPLICATION FOR I	RENEWAL:	Annual	LICEN	ISED FOR 201	3
		CLASS		Y	EAR
LICENSEE NAME:	RIP TIDE LOUNGE, IN	C.			
DOING BUSINESS A					
ADDRESS 116 PLEAS	SANT ST.				
CITY/TOWN: MARE	BLEHEAD ST	ΓATE: MA	ZIP CODE:	01945	
MANAGER: CIAMF A.	PA, GEORGE TYPE OF	LICENSE: Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LI					
BAR & LOUNGE, KIT BASEMENT. EXIT T	ГСНЕN, OFFICE, LIQU O REAR YARD.	OR STORAGE	TO REAR OF BL	DG. STORAG	E IN
I hereby certify and swe	ear under penalties of per	rjury that:			
1. the renewed	l license will be of the sar	me type for the	same premises now	licensed;	
2. the licensee	has complied with all law	ws of the Comm	onwealth relating t	to taxes; and	
3. the premises	s are now open for busine	ess (If not expla	in below)		
SIGNED BY	T 12 1 1 D	4 1 10	0.55		
-	Individual, Partner or Au	unorizea Corpo	rate Officer		
DATE:			EMPLOYEE		NAME OF THE
DATE.	TELEPHONE NU	MBER:		R IDENTIFICATIO dividual Social Sec	
			(	ar radian Social Soc	and ramour,
Acts of 2004, signed b	attest that we are in po by the building inspecto ) the certificate of liquo	r and the head	of the fire depart	ment for the a	bove
Please Check Below:			LOCAL LICENS	SING AUTHOI	RITY
APPROVED:	⊣		By:		
DISAPPROVED:					
(If disapproved explain	i)				
DATE:					



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LICENSE NUMBER: 06	55600017		CITY OR TOW	'N MARBLE	HEAD
APPLICATION FOR RE	ENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: ZI	HU & CHEN,INC				
DOING BUSINESS A I	MPERIAL MAN	DARIN			
ADDRESS 8 BESSOM	STREET				
CITY/TOWN: MARBI	LEHEAD	STATE: MA	ZIP CODE:	01945	
MANAGER: CHOW, LIENME		E OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					]
PLEA	SE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMISI	ES:			
VILLAGE PLAZA, SEC AREA, SEATING FOR ROOM, TWO ENTRAN	45 IN LOUNGE,	WITH 8 BAR STO			
I hereby certify and swea	ır under penalties o	of perjury that:			
1. the renewed l	icense will be of the	he same type for the	same premises n	ow licensed;	
2. the licensee h	as complied with a	all laws of the Com	monwealth relatin	g to taxes; and	
3. the premises a	are now open for b	ousiness (If not expl	ain below)		
SIGNED BY					
In	dividual, Partner of	or Authorized Corp	orate Officer		
DATE:			EMPL O	VED IDENTIFICATI	TOWN HARDED
DATE.	TELEPHONE	NUMBER:		YER IDENTIFICAT Individual Social S	
			, <u></u>	mar radan social s	recarry rameer,
We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.	the building insp	pector and the hea	d of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					
·····					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 065600018		CITY OR TOWN	MARBLEHEAD
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: CAFE ITALIA	OF MARBLEHEAD IN	IC.	
DOING BUSINESS	S A CAFE' ITALI	A		
ADDRESS 12 SCH	IOOL ST.			
CITY/TOWN: MA	ARBLEHEAD	STATE: MA	ZIP CODE:	01945
	IVIERO, NNA	ΓΥΡΕ OF LICENSE: Re	staurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF				
KITCHEN, DININ	G ROOM, LOUNG	WOOD AND MASONA GE AREA, OFFICE, BA ONT OF BLDG. TWO	SEMENT AND TW	O BATHROOMS.
I hereby certify and	swear under penal	ties of perjury that:		
1. the renev	wed license will be	e of the same type for the	same premises now	licensed;
	•	with all laws of the Com	<u> </u>	o taxes; and
3. the prem	nises are now open	for business (If not expl	ain below)	
SIGNED BY	Individual, Part	tner or Authorized Corp	orate Officer	
	11101 (10001, 1 01)	mer of Hamiotizes Corp	31416 G111661	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
	I EEE I I	ONE WOMBER.	(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, signe	ed by the building	g inspector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	loin)			
(If disapproved exp	1am)			
DATE:				



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LICENSE NUMBER: 0656000	22	CITY OR TOWN MA	ARBLEHEAD
APPLICATION FOR RENEW	AL: Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: MADDI	E'S SAIL LOFT INC.		
DOING BUSINESS A MADD	IE'S SAIL LOFT		
ADDRESS 15 STATE ST.			
CITY/TOWN: MARBLEHEA	AD STATE: MA	ZIP CODE: 01	945
MANAGER: LANG, LORET	TA TYPE OF LICENSE:	Restaurant CATE	GORY: All Alcohol
EMAIL ADDRESS:			
	VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICENSEI			
TWO STORY BLDG. RESTATION. FIRST FLOOR JOIN			
I hereby certify and swear unde	r penalties of perjury that:		
1. the renewed license	will be of the same type for t	he same premises now licer	nsed;
	aplied with all laws of the Co	_	es; and
3. the premises are nov	w open for business (If not ex	plain below)	
SIGNED BY	al, Partner or Authorized Con	rnorata Officar	
marvidu	ar, I arther of Authorized Col	porate Officer	
DATE:		EMDI OVED IDE	NTIFICATION NUMBER:
II.	ELEPHONE NUMBER:		al Social Security Number)
We the undersigned, attest the Acts of 2004, signed by the bu			
named license and (2) the cer of 2010.			
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	ne morari
DISAPPROVED:		-	
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE	E FILED BY LICENSEES DURING THI	E MONTH OF NOVEMBER (M.G.L. (	Ch. 138 \$ 16A)



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LICENSE NUMBER: 065600023	(	III OR IOWN MARBLE	пеар
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: TEDESCO CO DOING BUSINESS A	UNTRY CLUB		
ADDRESS 154 TEDESCO ST.			
CITY/TOWN: MARBLEHEAD	STATE: MA	ZIP CODE: 01945	
MANAGER: Lindsay, Gregg	ΓΥΡΕ OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
CLUB HOUSE, TWO FLOORS, BAS STORAGE ROOM, BOILER ROOM ROOM, GRILL ROOM, KITCHEN,	. FIRST FLOOR MAIN H	ALL LOUNGE AREA, DININ	
I hereby certify and swear under penal	lties of perjury that:		
1. the renewed license will be	e of the same type for the sa	ame premises now licensed;	
2. the licensee has complied v		•	
3. the premises are now open	for business (If not explain	n below)	
SIGNED BY Individual, Par	tner or Authorized Corpora	ite Officer	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social S	
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head o	of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED	BY LICENSEES DURING THE MON		6A)



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LICENSE NUMBER	1:065600024		CITY OR TOWN	MARDLER	IEAD
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	The Hurricane R	Restaurant Inc			
DOING BUSINESS	A HURRICANE				
ADDRESS 259 WAS	SHINGTON ST.				
CITY/TOWN: MAI	RBLEHEAD	STATE: MA	ZIP CODE:	01945	
MANAGER: Mc N	Iahon, Peter T	YPE OF LICENSE: Res	staurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
·	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR EM	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	MISES:			
		LARGE ROOM WITH			
		AND REAR WXIT OF FS;52, WIGHT SEATS		· · · · · · · · · · · · · · · · · · ·	
		RUNNING PARALLE V			UOR
STORAGE IN BASE					
I hereby certify and s	wear under penalt	ies of perjury that:			
1. the renew	ed license will be	of the same type for the	same premises no	w licensed;	
2. the license	ee has complied w	rith all laws of the Comm	nonwealth relating	to taxes; and	
3. the premis	ses are now open	for business (If not expla	ain below)		
SIGNED BY					
	Individual, Part	ner or Authorized Corpo	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		ER IDENTIFICAT	
			(Note: NOT I	ndividual Social Se	ecurity Number)
We the undersigned	d attact that was	are in possession (1) the	o cortificato roccui	red by Chante	or 304 of the
		inspector and the head			
	(2) the certificate	of liquor liability insu	rance required by	y Chapter 116	of the Acts
of 2010.					
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	uin)				
DATE:					



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	CITY OR TOWN MARBLEHEAD	
Annual	LICENSED FOR 2013	
CLASS	YEAR	
MAN ROLLINS POST		
FOREIGN WAR, INC.		
STATE: MA	ZIP CODE: 01945	
YPE OF LICENSE: Club	CATEGORY: All Alcohol	l
WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
ISES:		
EXITS. FIRST FLOO		
es of perjury that:		
of the same type for the s	same premises now licensed;	
th all laws of the Comm	onwealth relating to taxes; and	
or business (If not explain	in below)	
A .1 . 1.0	OSS	
er or Authorized Corpoi	rate Officer	
	EMPLOYED DENTIFICATION NUMBER	
NE NUMBER:		
	marrial a social security real security	,
nspector and the head	of the fire department for the above	!
	LOCAL LICENSING AUTHORITY	
	By:	
	Annual CLASS MAN ROLLINS POST FOREIGN WAR, INC STATE: MA YPE OF LICENSE: Club WEBSITE AND ENTER YOUR EM ISES: QUOR STORAGE. GA 2 EXITS. FIRST FLOO 2 EXITS. es of perjury that: of the same type for the standard the same type for the standard to business (If not explanate or Authorized Corporate Organica Organica (Authorized Corporate Organica Corporate Organica Cor	CLASS  MAN ROLLINS POST  FOREIGN WAR, INC.  STATE: MA ZIP CODE: 01945  YPE OF LICENSE: Club CATEGORY: All Alcohol  WERSITE AND ENTER YOUR EMAIL ADDRESS  ISES:  QUOR STORAGE. GAME ROOM, BOILER ROOM, 2 EXITS. FIRST FLOOR, MEETING HALL, KITCHEN, 2 EXITS. es of perjury that: If the same type for the same premises now licensed; th all laws of the Commonwealth relating to taxes; and or business (If not explain below)  ET OF Authorized Corporate Officer  NE NUMBER:  EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)  The in possession (1) the certificate required by Chapter 304 of the inspector and the head of the fire department for the above of liquor liability insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 065600026		CITY OR TOWN MARB	SLEHEAD
APPLICATION FO	R RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAME	THE ATLAS G	ROUP LLC		
DOING BUSINESS	A YANNALFO'S	S		
ADDRESS 261 WA	ASHINGTON ST.			
CITY/TOWN: MA	RBLEHEAD	STATE: MA	ZIP CODE: 01945	
	NNALFO, T ETT C.	YPE OF LICENSE: Res	taurant CATEGOI	RY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF				
KITCHEN APPRO	X. 450 SQ. FT. BA	SEMENT STORAGE A	BLDG. APPROX. SEATIN APPRX 500 SQ. FT. ENTRA ARKING LOT.BAR TO SE	ANCES IN
I hereby certify and	swear under penalt	ies of perjury that:		
1. the renev	ved license will be	of the same type for the	same premises now licensed	;
2. the licens	see has complied w	rith all laws of the Comm	nonwealth relating to taxes; a	and
3. the prem	ises are now open t	for business (If not expla	in below)	
SIGNED BY	Individual, Parti	ner or Authorized Corpo	rate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIF	ICATION NUMBER:
	1221	51 ( <u>2</u> 1 (01)1 <u>3</u> 21.	(Note: NOT Individual So	cial Security Number)
Acts of 2004, signe	ed by the building	inspector and the head	e certificate required by Cl of the fire department for rance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	am)			
DATE:			_	<u> </u>



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	065600027		CITY OR TOW	N MARBLEI	HEAD
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	D J COLBERT,IN	C.			
DOING BUSINESS A	SHUBE'S LIQUO	OR STORE			
ADDRESS 16 ATLAN	NTIC AVENUE				
CITY/TOWN: MAR	BLEHEAD	STATE: MA	ZIP CODE:	01945	
MANAGER: SHUB H	E, GEORGE TYI	PE OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					]
PI	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF L	CENSED PREMIS	SES:			
1ST FL; 7000 S/F OF BE USED AS OFFICE FL. ENTRANCE/EXI ,RECYCLING AND S	ES, A CONFEREN FS. 2 NON-PUBLI	CE ROOM, STORA	GE AND RESTR	OOMS. 2 PUE	
I hereby certify and sw	ear under penalties	s of perjury that:			
1. the renewed	l license will be of	the same type for the	e same premises no	w licensed;	
2. the licensee	has complied with	all laws of the Com	monwealth relating	g to taxes; and	
3. the premise	s are now open for	business (If not exp	lain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	IE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 065600028		CITY OR TOWN	MARDLEHE	AD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	3
		CLASS		Y	EAR
	AME: CENTRAL PL NESS A BEACH BLU	_			
ADDRESS 26	0 HUMPHREY ST				
CITY/TOWN:	MARBLEHEAD	STATE: MA	ZIP CODE:	01945	
MANAGER:	DEMOULAS, PAMELA	TYPE OF LICENSE: Pa	ackage Store C.	ATEGORY: A	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
	N OF LICENSED PRE				
	TH CELLAR FOR STO y and swear under pena				
2. the	licensee has complied premises are now open	e of the same type for the with all laws of the Comparison for business (If not exp	nmonwealth relating t		
	Individual, Par	tner or Authorized Corp	oorate Officer		
DATE:	TELEPH	IONE NUMBER:		R IDENTIFICATIO	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENS By:	SING AUTHOR	RITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 065600029		CITY	OR TOW	N MARBLEI	HEAD
APPLICATION FO	R RENEWAL:	Annua	1	LICI	ENSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME:	DN LIQUORS	CORP				
DOING BUSINESS	A VILLAGE LIC	QUOR STORE				
ADDRESS 22 BESS	SOM STREET					
CITY/TOWN: MA	RBLEHEAD	STATE:	MA Z	ZIP CODE:	01945	
	YEN, T NHTAM T.	TYPE OF LICENS	E:Package	Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER Y	OUR EMAIL AD	DRESS		
DESCRIPTION OF	LICENSED PRE	MISES:				
TWO STORY BLDO THERE ARE TWO ENTRANCES AND	OTHER COMME					
2. the licens	ee has complied v	of the same type f with all laws of the for business (If no	Commonwe	ealth relatin		
SIGNED BY	Individual, Part	ner or Authorized	Corporate C	)fficer		
DATE:	TELEPH	ONE NUMBER:			TER IDENTIFICATION INDIVIDUAL SOCIAL SERVICES	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LO By:		NSING AUTH	ORITY
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBEK: 065600031		CITY OR TOWN	MARDLEH	EAD
APPLICATION	N FOR RENEWAL:	Annual	LICEN	NSED FOR 20	13
		CLASS		•	YEAR
	AME: Cheerful Par NESS A Haley's Wit	_			
ADDRESS 116	WASHINGTON S	T			
CITY/TOWN:	MARBLEHEAD	STATE: MA	ZIP CODE:	01945	
MANAGER:	Vinette, Julie	TYPE OF LICENSE:P	ackage Store C	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PI	REMISES:			
	WOODEN BLDG. V FOR RETAIL ANI	WITH ONE ENTRANCE O STORAGE.	AND SIDE DOOR.	2 ROOMS ON	N FIRST
2. the l	icensee has complie	be of the same type for the d with all laws of the Corpen for business (If not expenses)	nmonwealth relating		
SIGIVED DI	Individual, F	Partner or Authorized Cor	porate Officer		
DATE:	TELE	PHONE NUMBER:		R IDENTIFICATI	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICEN By:	SING AUTHC	DRITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	065600032		C	II Y OK IO	WIN	MARDLE	ПЕАD
APPLICATION FOR	RENEWAL:	Annua	ા	LI	CENS	SED FOR 2	013
		CLAS	S				YEAR
LICENSEE NAME: DOING BUSINESS A		•					
ADDRESS 118 WAS	HINGTON ST						
CITY/TOWN: MAR	BLEHEAD	STATE:	MA	ZIP CODI	E:	01945	
MANAGER: CROS A.	BY, DAVID	ΓΥΡΕ OF LICENS	SE:Packa	ge Store	CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRESS:							
		R WEBSITE AND ENTER	YOUR EMAI	L ADDRESS			
DESCRIPTION OF L							
PACKAGE STORE C SALES WITH BASE							
	es are now open	vith all laws of the for business (If no tner or Authorized	t explain	below)	ing to	taxes; and	
D.1.000							
DATE:	TELEPH	ONE NUMBER:					TION NUMBER: Security Number)
Please Check Below:				LOCAL LIC	CENS	ING AUTH	ORITY
APPROVED: DISAPPROVED:	7			By:			
(If disapproved explain	 n)						
				-			
DATE:							



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	163600033		CITY OR TOW	N MARDLE	1EAD
APPLICATION FOR I	RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		MPORT CO,INC.			
ADDRESS WOODFIN					
CITY/TOWN: MARE	BLEHEAD	STATE: MA	ZIP CODE:	01945	
MANAGER: BROW	N, PETER C TY	PE OF LICENSE: Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI					
ONE STORY BLDG. A SERVICE AT 214 BEA				NAL STORAG	E AND
3. the premises	s are now open for	n all laws of the Combustiness (If not exp	lain below)	g to taxes; and	
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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LICENSE NUMBER:	: 065600042		CITY OR TO	WN MARBLEI	HEAD
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	A LE BISTRO CAI		NC		
ADDRESS 1 ATLAN	ITIC AVE.				
CITY/TOWN: MAR	BLEHEAD	STATE: M	A ZIP COD	E: 01945	
MANAGER: MAB	BOUT,ZIAD TYI	PE OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Cordials
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF L LE BISTRO CAFE' & SEATS AND 854 SQ	c GRILL-SIT DOW		NG MEDIT- ERA	NEAN FOOD WI	TH 22
2. the license	d license will be of e has complied with es are now open for	the same type for all laws of the Co	ommonwealth rela		
SIGNED DI	Individual, Partner	or Authorized Co	orporate Officer		
DATE:	TELEPHON	E NUMBER:		OYER IDENTIFICAT  OT Individual Social S	
We the undersigned Acts of 2004, signed named license and (2010.	by the building in	spector and the h	ead of the fire de	partment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LIC	CENSING AUTH	ORITY
DATE:					



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	MBER: 065600046		CITY OR TOWN	MARBLEHEAD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: HUNGRY CA	ATS RESTAURANT GR	OUP	
DOING BUSIN	NESS A JACK-TAR	AMERICAN TAVERN		
ADDRESS 120	6 WASHINGTON ST	ΓREET		
CITY/TOWN:	MARBLEHEAD	STATE: MA	ZIP CODE:	01945
MANAGER:	BRANKMAN, SCOTT	TYPE OF LICENSE:R	estaurant CA	TEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PR			
basement area a outside	and outside patio. Er	ntrance and exits at rear o	f premises. Capacity is	70 inside and 30
I hereby certify	and swear under per	alties of perjury that:		
1. the	renewed license will	be of the same type for th	ne same premises now li	censed;
2. the	licensee has complied	l with all laws of the Con	nmonwealth relating to	taxes; and
3. the	premises are now ope	en for business (If not exp	plain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corp	porate Officer	
DATE:	TELEP	HONE NUMBER:		DENTIFICATION NUMBER:
			(Note: NOT Indiv	idual Social Security Number)
Acts of 2004,	signed by the buildi	re are in possession (1) t ng inspector and the hea ate of liquor liability ins	ad of the fire departme	ent for the above
	ow:		LOCAL LICENSIN	NG AUTHORITY
Please Check Belo				
APPROVED:			By:	
APPROVED: DISAPPROVE			By:	
APPROVED:			By:	
APPROVED: DISAPPROVE			By: 	



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LICENSE NUMBER:	065600049		CITY OR TOWN	MARBLE!	HEAD
APPLICATION FOR F	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: S	Seaside Restaurant G	roup, LLC			
DOING BUSINESS A	Three Cod Tavern				
ADDRESS 141 Pleasar	nt St				
CITY/TOWN: MARE	BLEHEAD	STATE: MA	ZIP CODE:	01945	
MANAGER: Minot,	Percy III TYPE	OF LICENSE: Res	staurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	S:			
first floor; kitchen dinir	ng room, pub area, tw	vo lavs, basement f	or storage		
I hereby certify and swe	ear under penalties of	f perjury that:			
1. the renewed	license will be of the	e same type for the	same premises no	w licensed;	
2. the licensee	has complied with al	ll laws of the Comr	nonwealth relating	to taxes; and	
3. the premises	s are now open for bu	usiness (If not expla	ain below)		
SIGNED BY					
]	Individual, Partner or	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYI	ER IDENTIFICAT	TION NUMBER:
	ILLLI HOIVE	IVOWIDER.	(Note: NOT I	ndividual Social S	Security Number)
We the undersigned,					
Acts of 2004, signed by named license and (2)			_		
of 2010.		<b>1</b>		, <b>-</b>	
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explain	)				
DATE.					
DATE:					
APPLICATION FOR RENEWAL	L MUST BE FILED BY LICE	ENSEES DURING THE M	ONTH OF NOVEMBER (	(M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER	R: 065600050		CITY OR TOWN	MARBLE	HEAD
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PETER CONWAY				
DOING BUSINESS	A HARBOR LIGHT	INN			
ADDRESS 58 WAS	HINGTON STREET				
CITY/TOWN: MA	RBLEHEAD	STATE: MA	ZIP CODE:	01945	
MANAGER: CON	WAY, PETER TYP	E OF LICENSE: In	nholder (	CATEGORY:	Wine and Malt Cordials
EMAIL ADDRESS:					]
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:			
1ST FLOOR-2 KITO	CHENS 2 DINING RO	OOMS, 2 LIVING	ROOMS,		
I hereby certify and	swear under penalties	of perjury that:			
1. the renew	ved license will be of the	he same type for the	e same premises nov	w licensed;	
2. the licens	ee has complied with	all laws of the Com	monwealth relating	to taxes; and	
3. the premi	ses are now open for b	ousiness (If not exp	lain below)		
SIGNED BY	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are id by the building insp (2) the certificate of l	pector and the hea	d of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aın)				
DATE:					
APPLICATION FOR RENEY	WAL MUST BE FILED BY LIC	CENSEES DURING THE N	MONTH OF NOVEMBER (	M.G.L. Ch. 138 \$ 10	6A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	3EK: 063600033		CITY OR TOW	N MARDLE	TEAD
APPLICATION I	FOR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	IE: FOOD AT 5 LI	LC .			
DOING BUSINE	SS A 5 CORNERS	KITCHEN			
ADDRESS 2-4 S	CHOOL STREET				
CITY/TOWN: N	MARBLEHEAD	STATE: MA	ZIP CODE:	01945	
MANAGER: E	DELMAN, ARRY J.	ΓΥΡΕ OF LICENSE: F	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION (	OF LICENSED PRE	MISES:			
2300 SQ. FT., FR	ONT ENTRANCES	S, RESTAURANT AN	D BAR		
I hereby certify ar	nd swear under penal	ties of perjury that:			
1. the ren	newed license will be	of the same type for the	he same premises no	ow licensed;	
2. the lice	ensee has complied v	with all laws of the Cor	mmonwealth relatin	g to taxes; and	
3. the pre	emises are now open	for business (If not ex	plain below)		
SIGNED BY	Individual, Part	tner or Authorized Cor	rporate Officer		
	111017100011, 1 011				
DATE:	TELEDII	ONE NUMBER:	EMPI O	YER IDENTIFICAT	TION NUMBER:
	IELEFN	ONE NUMBER.		Individual Social S	
Acts of 2004, sig	ned by the building	are in possession (1) g inspector and the he	ead of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED					
(If disapproved ex	xplain)		-		
DATE:					
D.1111.					



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### ON PREMISES LICENSE RENEWAL APPLICATION

			CITTO	11 10 1111	MARDLEF	
APPLICATION 1	FOR RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAM	ME: JOEY DEE'S	RESTAURANT GROU	P LLC			
DOING BUSINE	ESS A JOEY DEE	'S ITALIAN GRILL				
ADDRESS 114 F	PLEASANT STRE	ET				
CITY/TOWN: N	MARBLEHEAD	STATE: MA	ZIP	CODE:	01945	
	OSTANCO, OSEPH	TYPE OF LICENSE: R	estaurant	C	ATEGORY:	Wine and Malt Cordials
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRE	SS		
	OF LICENSED PR					
		T IN/TAKE OUT REST	AURANT	SEATI	NG CAP30	
•	-	nalties of perjury that:				
		be of the same type for the	•			
	-	d with all laws of the Cor		_	to taxes; and	
3. the pro	emises are now ope	en for business (If not exp	piain below	")		
SIGNED BY						
SIGNED BY	Individual, P	artner or Authorized Cor	porate Offi	cer		
SIGNED BY	Individual, P	artner or Authorized Cor	porate Offi	cer		
	Individual, P	artner or Authorized Cor	porate Offi	cer		
SIGNED BY DATE:		artner or Authorized Cor		EMPLOYE		TON NUMBER:
				EMPLOYE		TON NUMBER: ecurity Number)
DATE:  We the undersig Acts of 2004, sig	TELEF gned, attest that w gned by the buildi		(No the certific ad of the f	EMPLOYE ote: <u>NOT</u> In ate requir	dividual Social S red by Chapto ment for the	er 304 of the above
DATE:  We the undersig Acts of 2004, sig named license a of 2010.  Please Check Below:	TELEF gned, attest that w gned by the buildi nd (2) the certific	PHONE NUMBER: we are in possession (1) to the heart of th	(No the certific ad of the f surance re	EMPLOYE  ote: <u>NOT</u> In  ate requir  ire depart  quired by	dividual Social S red by Chapto ment for the	er 304 of the above of the Acts
DATE:  We the undersig Acts of 2004, sig named license a of 2010.  Please Check Below: APPROVED:	TELEF gned, attest that w gned by the buildi nd (2) the certific	PHONE NUMBER: we are in possession (1) to the heart of th	(No the certific ad of the f surance re	EMPLOYE  ote: <u>NOT</u> In  ate requir  ire depart  quired by	dividual Social S ed by Chapte ment for the Chapter 116	er 304 of the above of the Acts
DATE:  We the undersig Acts of 2004, sig named license a of 2010.  Please Check Below: APPROVED:  DISAPPROVED	TELEF gned, attest that we gned by the building of the certification.	PHONE NUMBER: we are in possession (1) to the heart of th	(No the certific ad of the f surance re LOCA	EMPLOYE  ote: <u>NOT</u> In  ate requir  ire depart  quired by	dividual Social S ed by Chapte ment for the Chapter 116	er 304 of the above of the Acts
DATE:  We the undersig Acts of 2004, sig named license a of 2010.  Please Check Below: APPROVED:	TELEF gned, attest that we gned by the building of the certification.	PHONE NUMBER: we are in possession (1) to the heart of th	(No the certific ad of the f surance re LOCA	EMPLOYE  ote: <u>NOT</u> In  ate requir  ire depart  quired by	dividual Social S ed by Chapte ment for the Chapter 116	er 304 of the above of the Acts
DATE:  We the undersig Acts of 2004, sig named license a of 2010.  Please Check Below: APPROVED:  DISAPPROVED	TELEF gned, attest that we gned by the building of the certification.	PHONE NUMBER: we are in possession (1) to the heart of th	(No the certific ad of the f surance re LOCA	EMPLOYE  ote: <u>NOT</u> In  ate requir  ire depart  quired by	dividual Social S ed by Chapte ment for the Chapter 116	er 304 of the above of the Acts



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LICENSE NUMBER	R: 065600055		CITY OR TOV	VN MARBLEI	HEAD
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	KITSEN TABI	LE INC			
DOING BUSINESS	A SOALI BISTI	RO			
ADDRESS 10 BESS	SOM STREET, U	NIT9			
CITY/TOWN: MA	RBLEHEAD	STATE: M	A ZIP CODE	: 01945	
MANAGER: LUN	T, MIA	TYPE OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Cordials
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PRE	MISES:			
950 SQ. FT. FRONT	ENTRANCE, B	ATHROOM, KITCH	EN AND STORAG	E,24 SEAT CAI	PACITY.
I hereby certify and s	swear under penal	lties of perjury that:			
1. the renew	ed license will be	e of the same type for	the same premises r	now licensed;	
2. the licens	ee has complied v	with all laws of the Co	ommonwealth relation	ng to taxes; and	
3. the premi	ses are now open	for business (If not ex	xplain below)		
SIGNED BY	Individual, Par	tner or Authorized Co	orporate Officer		
DATE:	TELEPH	ONE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	☐ Individual Social S	Security Number)
Acts of 2004, signe	d by the building	are in possession (1) g inspector and the h e of liquor liability in	ead of the fire dep	artment for the	above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ain)				
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED	BY LICENSEES DURING TH	E MONTH OF NOVEMBE	ER (M.G.L. Ch. 138 \$ 1	6A)



www.mass.gov/abcc

LICENSE NU	MBER: 065600056		CITY OR TOW	N MARBLE	HEAD
APPLICATIO	N FOR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE N	AME: THAIMARKET IN	NC.			
DOING BUSI	NESS A THAIMARKET				
ADDRESS 26	HAWKES STREET				
CITY/TOWN:	: MARBLEHEAD	STATE: MA	ZIP CODE:	01945	
MANAGER:	KANCHANANAGA TYI , TOM	PE OF LICENSE:R	estaurant	CATEGORY:	Wine and Malt Cordials
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PREMIS	SES:			
1900 SQ FT	.2 ENTRANCES AND TW	O EXITSKITCH	ENBATHROOM	S	
I hereby certify	y and swear under penalties	of perjury that:			
1. the	renewed license will be of	the same type for th	ne same premises no	w licensed;	
	licensee has complied with		_	g to taxes; and	
3. the	premises are now open for	business (If not exp	plain below)		
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer		
DATE					
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT Individual Social S	
			(11010. <u>1101</u> )	ilidividuai Sociai S	security Number)
Acts of 2004,	rsigned, attest that we are signed by the building ins e and (2) the certificate of	spector and the he	ad of the fire depar	rtment for the	above
Please Check Bel	ow:		LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapprove	d explain)				
			-		
DATE:					
APPLICATION FOI	R RENEWAL MUST BE FILED BY L	ICENSEES DURING THE	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)